

## INSTRUCTIONS FOR ENROLLMENT IN THE EFM PROGRAM

The EFM Program is a mandatory requirement per OPNAVINST 1754.2 to identify family members with special medical or special education needs. The program aids detailers and monitors in assigning service members to areas where special needs will be met. For additional information, review OFF/ENL TRANSFER MANUALS, contact the medical EFM Coordinator or your command point of contact.

### GENERAL ENROLLMENT GUIDELINES:

- \* To qualify for this program, family members must be enrolled in DEERS and residing with the sponsor.
- \* The family member must have a chronic illness or physical/educational disability requiring long term care and monitoring.
- \* NAVPERS 1754/1 EFM Application is completed by sponsor/spouse.
- \* NAVPERS 1754/3 Functional Medical Summary is completed by the family member's military or civilian physician, including all children being enrolled with special education requirements.
- \* NAVPERS 1754/4 Special Education Worksheet is completed by a school official when special education exceeds 20% of school time or when the Individual Education Plan (IEP) indicates occupational/physical therapy, speech/language or psychological services is/are required. Attach current IEP or ISFP.
- \* Special Education endorsement is required for all 5-18 years old.
- \* Sponsor must retain a copy of EFM forms for update requirements.
- \* Give complete forms to EFM Coordinator or forward directly to:

EFM Central Screening Command  
Commanding Officer  
Naval Hospital (Code 0505A)  
Portsmouth, VA 23708-5000  
(804) 398-5833

or

EFM Central Screening Command  
Commanding Officer  
Naval Hospital (Code CGH)  
San Diego, CA 92134-5000  
(619) 532-7291

- \* For questions or inquiries, please call:

Exceptional Family Member Program  
Bureau of Naval Personnel (Pers-662D8)  
Washington, DC 20370-5662  
DSN: 223-3308; Commercial: (703) 693-3308  
Toll free: 1-800-527-8830; FAX: (703) 693-6471

Exceptional Family Member Program  
Commandant Marine Corps (Code MHF)  
Washington, DC 20380-0001  
DSN: 226-2046; Commercial: (703) 696-2049; FAX: (703) 696-1143

**EXCEPTIONAL FAMILY MEMBER (EFM) PROGRAM APPLICATION**

PRIVACY ACT STATEMENT: The authority to request the following information is contained in 5 USC 301, 10 USC 3012, 20 USC 921-932, Public Law 94-142, Public Law 95-561, DoD Instruction 1342.12, DoD Directive 1342.13, and Executive Order No. 9397. This information is requested to allow enrollment of a sponsor and his or her exceptional family member into the EFM program. The information will be used to assist officials of the Department of the Navy in assignment of personnel with an exceptional family member to duty stations with the special education and health-related services necessary and available to meet their needs. Disclosure of this information requested from the sponsor is mandatory.

**NOTE: Refer to OPNAVINST 1754.2A for application procedures and additional information**

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First Application

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Updated Application

**SPONSOR INFORMATION**

NAME: (Last, First M.)

SSN:

RANK/RATE:

BRANCH OF SERVICE:

DESIG/NEC/MOS:

PRD:

EAOS:

HOME ADDRESS:

HOME PHONE: (Area code &amp; number)

DUTY STATION ADDRESS:

DUTY PHONE (COMMERCIAL):

DSN:

Are you currently on Humanitarian Assignment?

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Yes

☐

No

Is your spouse on active duty?

☐

Yes

☐

No

If Yes, Name:

RANK/RATE:

SSN:

**EXCEPTIONAL FAMILY MEMBER INFORMATION**

NAME: (Last, First M.)

Relationship to Sponsor:

Date of Birth: (YY/MM/DD):

Health Care Provider: (Please Check One)

☐

MILITARY

☐

CHAMPUS

☐

STATE

☐

OTHER

IS EFM ENROLLED IN DEERS:

☐

Yes

☐

No

UNDER WHAT SSN:

If EFM does not reside with sponsor, provide address and explain:

**SIGNATURES**

Sponsor Signature:

Date:

EFM Medical Coordinator Name:

Date:

Medical Department Address:

Phone: